

CLAIMS ONLY							Application Number <b>10695399</b>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
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Total Indep	5						Total Indep				
Total Depend	41						Total Depend				
Total Claims	46						Total Claims				